

109TH CONGRESS
2D SESSION

H. R. 5836

To amend the Public Health Service Act with respect to making progress toward the goal of eliminating tuberculosis, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 19, 2006

Mr. BROWN of Ohio (for himself and Mrs. WILSON of New Mexico) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act with respect to making progress toward the goal of eliminating tuberculosis, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Comprehensive Tuberculosis Elimination Act of 2006”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

TITLE I—CENTERS FOR DISEASE CONTROL AND PREVENTION

Subtitle A—National Program for Elimination of Tuberculosis

Sec. 101. National program.

Subtitle B—Interagency Collaboration

Sec. 111. Advisory council for elimination of tuberculosis.

Subtitle C—New Tools for Tuberculosis Elimination

Sec. 121. New tools.

Subtitle D—Authorizations of Appropriations

Sec. 131. Authorizations of appropriations.

TITLE II—NATIONAL INSTITUTES OF HEALTH

Sec. 201. Activities of National Heart, Lung, and Blood Institute.

Sec. 202. Activities of National institute of Allergy and Infectious Diseases.

Sec. 203. John E. Fogarty International Center for Advanced Study in the Health Sciences.

Sec. 204. Loan repayment programs regarding research on tuberculosis.

1 SEC. 2. FINDINGS.

2 The Congress finds as follows:

3 (1) Each year approximately 9 million people
4 become ill with active tuberculosis (“TB”) and 2
5 million of those people die. This is a direct result of
6 the disease having the ability to develop resistance
7 to treatments and to travel easily across borders.

8 (2) In 2005, there were 14,093 cases of active
9 TB reported in the United States. However, the de-
10 cline of 3.8 percent in the national TB case rate
11 from 2004 to 2005 was one of the smallest declines
12 in more than a decade.

13 (3) In addition to those with active TB, an esti-
14 mated 10 to 15 million people in the United States
15 have latent TB.

(4) The increasing occurrence of multidrug resistant TB, including extensively drug-resistant TB—which is resistant to at least two main first-line drugs and additionally to three or more of the six classes of second-line drugs—raises concerns of a future epidemic of virtually untreatable TB.

(5) New tools are needed to more effectively prevent, diagnose, and treat TB. The standard method of diagnosing TB is over 100 years old, and fails to adequately detect TB in children and those coinfectd with HIV/AIDS. The newest class of anti-TB drug is 40 years old, while rates of multidrug resistant TB are rising globally.

TITLE I—CENTERS FOR DISEASE CONTROL AND PREVENTION

Subtitle A—National Program for Elimination of Tuberculosis

SEC. 101. NATIONAL PROGRAM.

Section 317E of the Public Health Service Act (42 U.S.C. 247b-6) is amended—

(1) by striking the heading for the section and inserting the following: “**NATIONAL PROGRAM FOR ELIMINATION OF TUBERCULOSIS**”; and

(2) by amending subsection (b) to read as follows:

1 “(b) RESEARCH AND DEVELOPMENT; DEMONSTRA-
2 TION PROJECTS; EDUCATION AND TRAINING.—With re-
3 spect to the prevention, control and elimination of tuber-
4 culosis, the Secretary may, directly or through grants to
5 public or nonprofit private entities, carry out the following:

6 “(1) Research, with priority given to research
7 and development concerning—

8 “(A) clinical trials to evaluate the safety
9 and effectiveness of new drugs, diagnostics, and
10 vaccines for latent tuberculosis infection and ac-
11 tive tuberculosis;

12 “(B) epidemiological studies of populations
13 at risk of tuberculosis; and

14 “(C) field studies to evaluate the effective-
15 ness of new drugs, diagnostics, and vaccines,
16 and evaluation of efforts to eliminate the dis-
17 ease.

18 “(2) Demonstration projects for—

19 “(A) the development of regional capabili-
20 ties to prevent, control and eliminate tuber-
21 culosis;

22 “(B) the intensification of efforts to pre-
23 vent, detect, and treat tuberculosis among Afri-
24 can Americans and reduce or eliminate the ra-

1 cial disparity in the incidence of tuberculosis in
2 that population;

3 “(C) the intensification of efforts to con-
4 trol tuberculosis along the United States-Mexico
5 border and among United States-Mexico bina-
6 tional populations;

7 “(D) the intensification of efforts to pre-
8 vent, detect, and treat tuberculosis among for-
9 eign-born persons who are in the United States;
10 and

11 “(E) collaboration with Immigration and
12 Customs Enforcement to identify and treat im-
13 migrants with active or latent tuberculosis in-
14 fection.

15 “(3) A public information and education pro-
16 gram.

17 “(4) Education, training and clinical skills im-
18 provement activities for health professionals, includ-
19 ing allied health personnel and emergency response
20 employees.

21 “(5) Provide support for the Tuberculosis
22 Trials Consortium, the Tuberculosis Epidemiologic
23 Studies Consortium, and Regional Training and
24 Medical Consultation Centers to carry out activities
25 under paragraphs (1) through (4).

“(6) Collaboration with international organizations and foreign countries in carrying out such activities.”.

Subtitle B—Interagency Collaboration

SEC. 111. ADVISORY COUNCIL FOR ELIMINATION OF TUBERCULOSIS.

(a) IN GENERAL.—Section 317E(f) of the Public Health Service Act (42 U.S.C. 247b-6(f)) is amended—

(1) by redesignating paragraph (5) as paragraph (6); and

(2) by striking paragraphs (2) through (4), and inserting the following:

“(2) DUTIES.—The Council shall provide advice and recommendations regarding the elimination of tuberculosis to the Secretary, the Assistant Secretary for Health, and the Director of the Centers for Disease Control and Prevention. In addition, the Council shall, with respect to eliminating such disease, provide to the Secretary and other appropriate Federal officials advice on—

“(A) coordinating the activities of the Public Health Service and other Federal agencies that relate to the disease, including activities under subsection (b); and

1 “(B) efficiently utilizing the Federal re-
2 sources involved.

3 “(3) NATIONAL PLAN.—

4 “(A) IN GENERAL.—In carrying out para-
5 graph (2), the Council shall make recommenda-
6 tions on the development, revision, and imple-
7 mentation of a national plan to eliminate tuber-
8 culosis in the United States.

9 “(B) CONSULTATION.—In carrying out
10 subparagraph (A), the Council shall consult
11 with public and private entities, including—

12 “(i) individuals who are scientists,
13 physicians, and other health professionals,
14 who are not officers or employees of the
15 Federal Government and who represent the
16 disciplines relevant to tuberculosis elimi-
17 nation;

18 “(ii) members of public-private part-
19 nerships established to address the elimi-
20 nation of tuberculosis ;

21 “(iii) members of national and inter-
22 national nongovernmental organizations es-
23 tablished to address tuberculosis elimi-
24 nation; and

1 “(iv) members from the general public
2 who are knowledgeable with respect to tu-
3 berculosis elimination including individuals
4 who have or have had tuberculosis.

5 “(C) CERTAIN COMPONENTS OF PLAN.—In
6 carrying out subparagraph (A), the Council
7 shall—

8 “(i) consider the recommendations of
9 the Institute of Medicine regarding the
10 elimination of tuberculosis;

11 “(ii) consider recommendations for
12 the involvement of the United States in
13 continuing global and cross-border tuber-
14 culosis control activities in countries where
15 a high incidence of tuberculosis directly af-
16 fects the United States such as Mexico;
17 and

18 “(iii) review the extent to which
19 progress has been made toward eliminating
20 tuberculosis.

21 “(4) ANNUAL REPORT.—The Council shall an-
22 nually submit to Congress and the Secretary a re-
23 port on the activities carried under this section,
24 other than subsection (g). Each such report shall in-
25 clude the opinion of the Council on the extent to

1 which its recommendations regarding the elimination
2 of tuberculosis have been implemented, including
3 with respect to—

4 “(A) activities under subsection (b); and

5 “(B) the national plan referred to in para-
6 graph (3).

7 “(5) COMPOSITION.—The Council shall be com-
8 posed of—

9 “(A) representatives from the Centers for
10 Disease Control and Prevention, the National
11 Institutes of Health, the United States Agency
12 for International Development, the Agency for
13 Healthcare Research and Quality, the Health
14 Resources and Services Administration, the
15 United States-Mexico Border Health Commis-
16 sion, and other Federal departments and agen-
17 cies that carry out significant activities related
18 to tuberculosis;

19 “(B) State and local tuberculosis control
20 and public health and officials;

21 “(C) individuals who are scientists, physi-
22 cians, laboratorians, and other health profes-
23 sionals who represent disciplines relevant to tu-
24 berculosis elimination;

1 “(D) members of national and inter-
2 national nongovernmental organizations estab-
3 lished to address the elimination of tuberculosis;
4 and

5 “(E) members from the general public who
6 are knowledgeable with respect to the elimi-
7 nation of tuberculosis, including individuals who
8 have or have had tuberculosis.”.

9 (b) RULE OF CONSTRUCTION REGARDING CURRENT
10 MEMBERSHIP.—With respect to the advisory council
11 under section 317E(f) of the Public Health Service Act,
12 the amendments made by subsection (a) may not be con-
13 strued as terminating the membership on such council of
14 any individual serving as such a member as of the day
15 before the date of the enactment of this Act.

16 **Subtitle C—New Tools for**
17 **Tuberculosis Elimination**

18 **SEC. 121. NEW TOOLS.**

19 Section 317E of the Public Health Service Act (42
20 U.S.C. 247b–6) is amended—

21 (1) by redesignating subsection (g) as sub-
22 section (h); and

23 (2) by inserting after subsection (f) the fol-
24 lowing subsection:

1 “(g) NEW TOOLS FOR ELIMINATION OF TUBER-
2 CULOSIS.—

3 “(1) RESEARCH AND DEVELOPMENT ON DRUGS,
4 DIAGNOSTICS, AND VACCINES.—The Secretary, act-
5 ing through the Director of the Centers for Disease
6 Control and Prevention, shall expand, intensify, and
7 coordinate research and development and related ac-
8 tivities of such Centers to develop new tools for the
9 elimination of tuberculosis, including drugs,
10 diagnostics, and vaccines.

11 “(2) FEDERAL TUBERCULOSIS TASK FORCE.—

12 “(A) DUTIES.—The Federal Tuberculosis
13 Task Force (established in December 2001 as
14 part of the Centers for Disease Control and
15 Prevention) (in this subsection referred to as
16 the ‘Task Force’) shall provide to the Secretary
17 and other appropriate Federal officials advice
18 on the implementation of paragraph (1), include
19 advice regarding the efficient utilization of the
20 Federal resources involved.

21 “(B) NATIONAL PLAN FOR NEW TOOLS
22 DEVELOPMENT.—In carrying out paragraph
23 (1), the Task Force shall make recommenda-
24 tions on the development of a national plan for
25 the development of new tools for the elimination

1 of tuberculosis, including drugs, diagnostics,
2 and vaccines.

3 “(C) CONSULTATION.—In developing the
4 national plan under paragraph (1), the Task
5 Force shall consult with—

6 “(i) scientists, physicians, and other
7 health professionals and who represent the
8 specialties and disciplines relevant to the
9 research under consideration;

10 “(ii) members from public-private
11 partnerships or foundations (or both) en-
12 gaged in research relevant to research
13 under consideration;

14 “(iii) members of national and inter-
15 national nongovernmental organizations es-
16 tablished to address tuberculosis elimi-
17 nation;

18 “(iv) members from the general public
19 who are knowledgeable with respect to tu-
20 berculosis, including individuals who have
21 or have had tuberculosis; and

22 “(v) scientists, physicians, and other
23 health professionals who reside in a foreign
24 country with a substantial incidence or
25 prevalence of tuberculosis, and who rep-

1 resent the specialties and disciplines rel-
 2 evant to the research under consideration.

3 “(3) GRANTS AND CONTRACTS.—The Secretary
 4 shall carry out paragraph (1) directly and through
 5 awards of grants, cooperative agreements, and con-
 6 tracts to public and private entities, including—

7 “(A) public-private partnerships;

8 “(B) academic institutions, including insti-
 9 tutions of higher education;

10 “(C) research institutions; and

11 “(D) the Tuberculosis Trials Consortium
 12 and the Tuberculosis Epidemiologic Studies
 13 Consortium.”.

14 **Subtitle D—Authorizations of** 15 **Appropriations**

16 **SEC. 131. AUTHORIZATIONS OF APPROPRIATIONS.**

17 Section 317E of the Public Health Service Act, as
 18 amended by section 121(1) of this Act, is amended by
 19 amending subsection (h) to read as follows:

20 “(h) AUTHORIZATION OF APPROPRIATIONS.—

21 “(1) GENERAL PROGRAM.—

22 “(A) IN GENERAL.—For the purpose of
 23 carrying out this section, other than subsection
 24 (g), there are authorized to be appropriated
 25 \$528,000,000 for fiscal year 2007, and such

1 sums as may be necessary for each of the fiscal
2 years 2008 through 2011.

3 “(B) PRIORITY IN EXPENDITURE OF
4 FUNDS.—In expending amounts appropriated
5 under subparagraph (A), the Secretary shall
6 give priority to making grants under subsection
7 (a) to States, which Core grants to States and
8 local tuberculosis programs shall be distributed
9 on the basis of a formula developed by the Sec-
10 retary that takes into account the level of tu-
11 berculosis morbidity in each State, and other
12 relevant factors in each State regarding the dis-
13 ease. The preceding sentence does not require
14 the Secretary to modify the formula that was
15 used by the Secretary for such grants for fiscal
16 year 2006.

17 “(2) NEW TOOLS.—

18 “(A) IN GENERAL.—For the purpose of
19 carrying out subsection (g), there are author-
20 ized to be appropriated \$100,000,000 for fiscal
21 year 2007, and such sums as may be necessary
22 for each of the fiscal years 2008 through 2011.

23 “(B) LIMITATION.—The authorization of
24 appropriations established in subparagraph (A)
25 for a fiscal year is effective only if the amount

1 appropriated under paragraph (1) for such year
 2 equals or exceeds the amount appropriated to
 3 carry out this section for fiscal year 2006.”.

4 **TITLE II—NATIONAL INSTITUTES** 5 **OF HEALTH**

6 **SEC. 201. ACTIVITIES OF NATIONAL HEART, LUNG, AND** 7 **BLOOD INSTITUTE.**

8 Subpart 2 of part C of title IV of the Public Health
 9 Service Act (42 U.S.C. 285b et seq.) is amended by insert-
 10 ing after section 424B the following section:

11 **“SEC. 424C. TUBERCULOSIS.**

12 “(a) IN GENERAL.—The Director of the Institute
 13 shall expand, intensify, and coordinate research and devel-
 14 opment and related activities of the Institute with respect
 15 to tuberculosis, including activities toward the goal of
 16 eliminating such disease.

17 “(b) CERTAIN ACTIVITIES.—Activities under sub-
 18 section (a) shall include—

19 “(1) enhancing basic and clinical research on
 20 tuberculosis; and

21 “(2) expanding research on the relationship be-
 22 tween such disease and the human immunodeficiency
 23 virus.

24 “(c) RESEARCH EDUCATION.—

1 “(1) TUBERCULOSIS ACADEMIC AWARDS.—The
2 Director of the Institute may provide awards to fac-
3 ulty of schools of medicine or osteopathic medicine
4 to assist such faculty in developing high quality cur-
5 ricula in such schools designed to significantly in-
6 crease the opportunities for interested individuals,
7 including students of the school and practicing phy-
8 sicians and nurses, to learn the principles and prac-
9 tices of preventing, managing, and controlling tuber-
10 culosis.

11 “(2) TUBERCULOSIS/PULMONARY INFECTION
12 AWARDS.—The Director of the Institute may provide
13 awards to support the career development of clini-
14 cally trained professionals who are committed to re-
15 search regarding pulmonary infections and tuber-
16 culosis by providing for supervised study and re-
17 search.

18 “(3) AUTHORIZATION OF APPROPRIATIONS.—

19 “(A) TUBERCULOSIS ACADEMIC
20 AWARDS.—For the purpose of carrying out
21 paragraph (1), there are authorized to be ap-
22 propriated \$5,000,000 for fiscal year 2007, and
23 such sums as may be necessary for each of the
24 fiscal years 2008 through 2011.

1 “(B) TUBERCULOSIS/PULMONARY INFECTION AWARDS.—For the purpose of carrying
2 out paragraph (2), there are authorized to be
3 appropriated \$5,000,000 for fiscal year 2007,
4 and such sums as may be necessary for each of
5 the fiscal years 2008 through 2011.”.

7 **SEC. 202. ACTIVITIES OF NATIONAL INSTITUTE OF AL-**
8 **LERGY AND INFECTIOUS DISEASES.**

9 Section 447A of the Public Health Service Act (42
10 U.S.C. 285f–2) is amended—

11 (1) by redesignating subsection (b) as sub-
12 section (c);

13 (2) by inserting after subsection (a) the fol-
14 lowing subsection:

15 “(b) Activities under subsection (a) shall include ac-
16 tivities to develop a tuberculosis vaccine. Such activities
17 shall be carried out in accordance with the blueprint for
18 tuberculosis vaccine development described in the report
19 prepared pursuant to the workshop convened in March
20 1998 by the Advisory Council for Elimination of Tuber-
21 culosis, the Director of the National Vaccine Program,
22 and the Director of the Institute.”; and

23 (3) in subsection (c) (as so redesignated), in the
24 first sentence—

25 (A) by striking “and” after “1994,”; and

1 (B) by inserting before the period the fol-
 2 lowing: “, \$240,000,000 for fiscal year 2007,
 3 and such sums as may be necessary for each of
 4 the fiscal years 2008 through 2011”.

5 **SEC. 203. JOHN E. FOGARTY INTERNATIONAL CENTER FOR**
 6 **ADVANCED STUDY IN THE HEALTH**
 7 **SCIENCES.**

8 Section 482 of the Public Health Service Act (42
 9 U.S.C. 287b) is amended—

10 (1) by inserting “(a) **IN GENERAL.**—” before
 11 “The general purpose”;

12 (2) in subsection (a) (as so designated), by in-
 13 serting after “Health Sciences” the following: “(in
 14 this subpart referred to as the ‘Center’); and

15 (3) by adding at the end the following sub-
 16 section:

17 “(b) **TUBERCULOSIS.**—

18 “(1) **IN GENERAL.**—In carrying out subsection
 19 (a) with respect to tuberculosis, the Center shall ex-
 20 pand, intensify, and coordinate international activi-
 21 ties of the Center for research and training.

22 “(2) **INTERNATIONAL TRAINING PROGRAM.**—In
 23 carrying out paragraph (1), the Center shall carry
 24 out an international training program regarding tu-
 25 berculosis. Such program shall be modeled after the

1 international training program carried out by the
2 Center with respect to the human immunodeficiency
3 virus.”.

4 **SEC. 204. LOAN REPAYMENT PROGRAMS REGARDING RE-**
5 **SEARCH ON TUBERCULOSIS.**

6 Part G of title IV of the Public Health Service Act
7 (42 U.S.C. 288 et seq.) is amended—

8 (1) by redesignating the second section 487F as
9 section 487G; and

10 (2) by inserting after section 487G (as so re-
11 designated) the following section:

12 “LOAN REPAYMENTS REGARDING RESEARCH ON
13 TUBERCULOSIS

14 “SEC. 487H. In carrying out sections 487C, 487E,
15 and 487F, the Secretary shall seek to ensure that, for fis-
16 cal year 2007 and subsequent fiscal years, a portion of
17 amounts appropriated to carry out such sections is re-
18 served for the purpose of entering into contracts under
19 which (in accordance with the section involved) individuals
20 will conduct research on tuberculosis.”.

○